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CONFIRMATION NO. 8893

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|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA .....

This application is a CON of 10/075,803 02/11/2002 PAT 6,804,545  
 which is a DIV of 09/551,467 04/17/2000 PAT 6,628,976  
 which claims benefit of 60/178,478 01/27/2000

## \*\* FOREIGN APPLICATIONS .....

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/03/2004

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY | SHEETS | TOTAL  | INDEPENDENT |
|---------------------------------|---|---------------------|--------|--------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance | DRAWING             | CLAIMS | CLAIMS |             |
| Verified and Acknowledged       | Examiner's Signature Initials   | CA                  | 5      | 60     | 8           |

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## TITLE

Catheter having mapping assembly

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|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><br><input type="checkbox"/> 1.16 Fees ( Filing )<br><br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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